



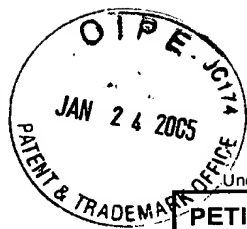
FEE SUMMARY SHEET

Petition for Extension of Time Under 37 CFR 1.136(a) (PTO SB-22)

Date: January 24, 2005
Time: 11:15 AM
Docket: M4065.0340/P340

Filing Date: August 31, 2000
Application No: 09/652,003
Total Fee: \$ 1,070.00

Code	Amount	37 CFR	Fee Description	Listed on
1253	570.00	1.17(a)(3)	Extension for response within third month	Petition for Extension of Time Under 37 CFR 1.136(a) (PTO SB-22)
1401	500.00		Notice of Appeal	Notice of Appeal PTO/SB/31



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) M4065.0340/P340	
Application Number 09/652,003-Conf. #2935		Filed August 31, 2000	
For METHOD AND APPARATUS FOR CONNECTING A MASSIVELY PARALLEL PROCESSOR ARRAY TO A MEMORY ARRAY IN A BIT SERIAL MANNER			
Art Unit 2186		Examiner W. H. Choi	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 570.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1073. I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 28,371			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34			
_____ Signature		_____ Date	
Thomas J. D'Amico Typed or printed name		(202) 828-2232 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of 1 forms are submitted.			

01/25/2005 JADD01 00000079 09652003

02 FC:1253

570.00 DP